

SCHEDULE B

Tarca Family Superannuation Fund
APPLICATION FOR MEMBERSHIP

TO: THE TRUSTEES OF THE FUND

AGREEMENT AND UNDERTAKING

I, the undersigned person, being eligible for membership, hereby apply for admission to membership of the Fund. I agree and undertake that:

- a. if I am an employee of any other Member, I am also a Relative of the other Member(s);
- b. I am not disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- c. I will be bound by the Trust Deed governing the Fund as it is or may be varied from time to time;
- d. I will, on request, make full disclosure in writing of any information required by the Trustee in respect of my medical condition or my membership of the Fund including any circumstance which may have the effect that:
 - i. I may become an employee of any other Member or Members where I will not also be a Relative of the other Member(s); or
 - ii. I may become disqualified under the Relevant Law from holding the office of a Trustee or as a Director of the Trustee;
- e. I understand the terms and conditions of the Trust Deed including my obligations as a Trustee and I agree to sign and deliver to the Australian Taxation Office such form or declaration in connection with my accepting the office of a Trustee or as a Director of the Trustee as may be required under the Relevant Law within such period as the Relevant Law requires;
- f. I understand the terms and conditions of Division B of the Deed concerning Benefits payable;
- g. understand that I am not legally obliged to provide by tax File Number (TFN) to the Trustee but if I do not provide my TFN, concessional contributions will be taxed at the highest marginal tax rate plus the Medicare levy and the Fund will not be able to accept non-concessional contributions.
- h. My TFN is 142 986 226
- i. I agree to act as a Trustee for the Fund or to act as a Director of the trustee.

Name:	TANIA TARCA
Address:	2 Moon Des, Highbury 5089
Date of Birth:	21-2-67

Tarca
Signature of Member

29/13/2010
Date (Please ensure that you date this part of the form)

SCHEDULE C

DEATH BENEFIT NOTICES

Please tick the relevant box:-

I wish to give a **NON-BINDING** DEATH BENEFIT NOTICE.
To give your **NON-BINDING** DEATH BENEFIT NOTICE, please tick this box and complete **Section 1** below.

- OR -

I wish to give a **BINDING** DEATH BENEFIT NOTICE.
To give your **BINDING** DEATH BENEFIT NOTICE, please tick this box and complete **Section 2** below ensuring that your signature is witnessed as set out below.

DO NOT COMPLETE BOTH BOXES

1 NON-BINDING DEATH BENEFIT NOTICE

Complete this part of the form (section 1 only) if you wish to nominate who should receive your superannuation benefits on your death, but you do not want that nomination to be binding on the trustee.

I nominate the undermentioned persons as the persons who I wish to receive my superannuation benefits on my death *:

Surname(s)	Given Name(s)	Relationship	% of Total Benefit
TOTAL			100%

If any of the persons nominated above predecease me, I wish that the part of my death benefit that would otherwise have been payable to the deceased person noted above, be paid to the person or persons nominated below:

Name of Dependant Initially nominated above	Proportion of Total Benefit Nominated	Name of Person taking the place of the deceased Dependant	Relationship
	%		
	%		
	%		
	%		
	%		
Signature of Member		Date (Please ensure that you date this part of the form) _____ / _____ / _____	

*The person or persons must be either a Dependant or your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate". You may state your wish as to who should receive your superannuation benefits on your death if a nominated person predeceases you or is no longer your Dependant at the time of your death.

2. BINDING DEATH BENEFIT NOTICE

Complete this part of the form (Section 2 only) if you wish to nominate who should receive your superannuation benefits on your death, and you want that nomination to be binding on the trustee.

I require the trustee to pay, upon my death, benefits to the person or persons*, and in the proportions, specified below:

Surname(s)	Given Name(s)	Relationship	% of Total Benefit
<i>Personal Legals Representative - My Estate</i>			<i>100%</i>
		TOTAL	100%

If any of the persons nominated above predecease me, I require the trustee to pay, upon my death, the part of my death benefit that would otherwise have been payable to the deceased person noted above, to the person or persons nominated below.

Name of Dependiant Initially nominated above	Proportion of Total Benefit Nominated	Name of Person taking the place of the deceased Dependiant	Relationship
	%		
	%		
	%		
	%		
	%		
	%		
Signature of Member		Date (Please ensure that you date this part of the form) <u> </u> / <u> </u> / <u> </u>	

*The person or persons must be either a Dependiant or your legal personal representative or a combination of both. If you wish to nominate your legal personal representative, please write the words "legal personal representative" or "estate". You may state your requirement as to who will receive your superannuation benefits on your death if a nominated person predeceases you or is no longer your Dependiant at the time of your death.

MEMBER TO SIGNING POWER BENEFIT SECTION
YOU MUST SIGN THIS FORM WITNESSED AS SET OUT BELOW IF YOU HAVE COMPLETED SECTION 2 ABOVE. A WITNESS IS NOT
REQUIRED IF YOU HAVE COMPLETED SECTION 1

We declare that the Member signed and dated **section 2** of this form in our presence and that:

- (a) we are each 18 years of age or over; and
- (b) we are neither the Dependants specified above nor the legal personal representatives of the Member



Signature of Witness

____/____/____
Date (Please ensure that you date this part of the form)



Signature of Witness

____/____/____
Date (Please ensure that you date this part of the form)